

Prescription Limit Frequently Asked Questions

- Q: Are there any drugs that are exempt from the prescription limit?
A: Yes, covered over-the-counter and generic drugs are unlimited.
- Q: If I have received approval on a prior authorization request for a brand-name prescription, will Medicaid cover it even if the brand limit has been met for that month?
A: No, a prior authorization does not allow a recipient to receive more than four (4) brand-name prescriptions per month. Exceptions to the brand prescription limit are detailed in the next question.
- Q: Are there any instances where Medicaid will cover more than four (4) brand-name prescriptions per month?
A: There are no provisions to cover more than four brand-name prescriptions per month except for the following situations:
1. Those recipients whose medical condition requires brand-name antipsychotic and/or antiretroviral medications may receive four (4) brand drugs plus an additional six (6) brand antipsychotic and/or antiretroviral medications per month.
However, in no instances will Medicaid reimburse for more than ten (10) brand-name prescriptions per recipient per month.
 2. Effective 11/16/2004, coverage of up to ten brand name prescriptions per month may be allowed through overrides for drugs classified as Anti-neoplastic, Organ Transplant, Hemophilia, End Stage Renal, Cardiac, Diabetic and Hypertension Agents. Overrides will be granted only in cases in which the prescribing physician documents medical necessity for the recipient to be switched from a product in the above named classes to a brand name product within the same therapeutic class in the same calendar month. The first product must have been covered by Medicaid.
- Q: What can a recipient do if they have reached their limit for the month but need another brand-name drug?
A: Their prescribing physician can switch them to a generic or over-the-counter alternative when appropriate.

- Q: Will prior authorization still be required for brand-name drugs that are under the four (4) brand limit for the month?
- A: Yes, prior authorization, max limits, therapeutic duplication and early refill edits will still be in place.
- Q: Are any recipients excluded from this brand limit?
- A: Children under age 21 and residents of nursing facilities are exempt from this limit.
- Q: Are the prescription limits for a thirty day period?
- A: The limits are based on a calendar month.
- Q: When a brand-name antipsychotic or antiretroviral is involved, does it matter the order in which the medications are dispensed and billed to Medicaid?
- A: No, the claim system will recognize that the medication is classified as an antipsychotic or antiretroviral in the calculation of the limit.
- Q: If a child will turn 21 on July 15th does the brand limit apply to them for July?
- A: No, the system recognizes a person's age the first day of the month. The limit would begin in August for this recipient.
- Q: What if a recipient is taking two strengths of the same brand-name medication?
- A: It will count as two (2) prescriptions toward the limit.
- Q: If prescriptions are from different doctors can a recipient receive more than four (4) brand-name prescriptions per month?
- A: No, the claim system will count the individual prescriptions regardless of the prescribing physician.
- Q: If prescriptions are dispensed from different pharmacies can a recipient receive more than four (4) brand-name prescriptions per month?
- A: No, the claim system will count the individual prescriptions regardless of the dispensing pharmacy.